

sanity is clear. It is toxic and does not depend on the degree of displacement." "The daily interference with the elimination of urine and retention in the prolapsed kidney and ureter causes auto intoxication leading to insanity and other disorders of the nervous system." These quotations show the author's view of the etiology of "Insanity." The New Treatment is of course Nephropexy—"suturing up" of the fallen kidney.

In a large public asylum Luckling examined fifty of the inmates on the female side for "dropped kidney"; he found it in fifty per cent of them. "The cases," he says, "suffered chiefly from melancholia, but mania and dementia also existed." We expected to read in the sequel that a series of nephropexies had depleted that asylum, of these fifty per cent, also a private asylum of the 33 per cent of the women whom he found there with prolapsed kidneys, but from these unfortunates the benefit of nephropexy seems to have been withheld, and together with those whose kidneys are where they ought to be, they may be reserved for ovariectomy or tenotomy of the ocular muscles, or relieved of their eyestrain and insanity by fitting with spectacles. The author observes that suicide is remarkably frequent where dropped kidney exists and some of his patients who were too poor to afford the necessary vigilances got away shortly after the operation and drowned themselves.

Sir Frederick Treves had stated that autopsy showed the kidney to be in its place in cases of suicide where symptoms had existed which Luckling would ascribe to displacement of the kidney; but in this our author has had a fourth year's student convict the great Sir Frederick of an error!

"Out of 22 patients operated upon 21 are cured and one relapsed, the operation in this case not being Goelet's." The patients complained of neurasthenic troubles, were depressed and some of them had hypochondriacal and other delusions. Some of them were such as usually recovered without an operation, but others were of long standing. No allowance is made in any case for the effect of operations per se. In one case described under the heading of "Insanity" the operation was reported as a failure three months after, but recovery 12 months after is ascribed to the surgical treatment. It has been recognized for a long time that nervous and hypochondriacal symptoms may be associated with movable kidney, and that some of the patients are relieved after fixation of that organ; and some of Luckling's cases may be admitted as illustrating this relation. But the triumphant tone with which the title of the book proclaims a great therapeutic discovery, is not justified by its contents. The indiscriminating use of the term "Insanity" suggests a lack of caution in reasoning. We do not wonder when he tells us he has met with opposition and that "false statements" have been circulated. Such was ever the fate of the enthusiast. A list of the titles of his publications, filling three pages, which is appended to his book indicates an ability to wage an inky war for his opinions, and the author may yet in a series of Biographic Clinics, à la Gould, prove to us that the woes of Richard Wagner, George Eliot and Thomas Carlyle were not due to eyestrain, but to dropped kidney, and that spectacles would have been vain, but nephropexy helpful.

A DISCUSSION ON PERINEAL TEARS.*

By John Egerton Cannaday, M. D., Hansford, W. Va.

The author reviews the history of the subject and says: "The literature of the subject is enormous, if not appalling. Innumerable operations have been

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proposed and practiced and almost every suture known to man has been tried—all eloquent testimony to the fact that none of the methods are perfect. A perusal of some of the writings on the subject would tend to confuse the mind of the reader with their intricacies, but when shorn of its complexities and reduced to the basic principles of surgery, a perineal tear resolves itself into a comparatively simple matter."

The anatomy of the parts concerned is taken up in full detail, the author believing that a thorough understanding of this part of the subject makes the matter a comparatively simple one to the operator. In speaking of the supports of the pelvic organs, the author says: "A number of widely differing views as to what factors normally enter into the support of the pelvic contents are held by the principal authorities of the world. Some hold that the levator ani, with or without the aid of the other muscles, is the chief power for support. Others ascribe all virtue to the fascia. Some, again, give both muscles and fascia more or less equal credit for accomplishing the work of support between them. Personally, the author believes that the muscles with the fascia act as a composite diaphragm in closing the lower end of the abdominal cavity and in giving support to the pelvic organs. Of the two factors he considers the fascia of major importance; in the anterior abdominal wall we consider the fascia of the utmost importance in the prevention of hernia. The pelvis should not be radically different."

The indications for repair are given and the operation is minutely described. The author shows that the denudation outline is practically that of the capital letter M, the outline of sutures representing the letter Y. The various methods of different operators are described.

The advantages of feeding the patient on minimum amounts of albumen and of locking the bowels for two weeks in the after-treatment of complete tear cases are stated.

AN APPEAL TO THE AMERICAN MEDICAL PROFESSION.

By DR. S. A. KNOPF, New York.

On May 8th, the day following the meeting of the National Association for the Study and Prevention of Tuberculosis, there appeared in the North American, of Philadelphia, a most sensational article by Mr. Richard J. Beamish, according to which, during the discussion of Dr. Flick's report on medication, I was reported to have advised the killing of dying consumptives quickly and painlessly by heavy doses of morphine and to have admitted that it was my daily practice to do so. It was furthermore said in this article that there had been a bitter debate and that the session adjourned in confusion. These false statements were copied by nearly all the newspapers in the United States, were cabled to Europe and made the rounds in the papers and magazines of England and the whole European continent. In spite of explanations and denials I had sent to the Associated Press, in spite of a strong letter written by Dr. George Dock, the presiding officer of the meeting, and sent to the leading medical journals of America, giving the true version of my remarks, the false statement has continued to be published and re-published and commented upon to the great detriment of the Anti-Tuberculosis crusade all over the world. For example: ignorant consumptives in St. Louis, who had read the sensational lie, refused the visit of the nurses sent to them by the Society for the Relief and Prevention of Tuberculosis. The "St. Louis Republic," which published this news item, said, "Consumptives, since they read that report, apparently have a dread that the visit of the nurse

may mean morphine to end their suffering." It became thus necessary to issue the following statement by order of Prof. Frank Billings, President of the National Association for the Study and Prevention to Tuberculosis:

"Quite apart from the false position in which the speaker was placed and the injury done him, the publication of such a piece of sensationalism can not fail to have a very deleterious effect upon impressionable tuberculosis patients throughout the country and may keep others from seeking needed medical aid."

The following statement made by Prof. George Dock of the University of Michigan, who presided at the meeting at which Dr. Knopf spoke, should preclude all further misunderstanding:

"I heard clearly what Dr. Knopf said. I am sure that I know what he meant, and sure that everybody in the room must have understood what he said. His words could not possibly be converted into the meaning given in the public press. It was perfectly clear that he meant to relieve patients in the last stages. Everybody knows that this prolongs life, while making it very much easier for the patient."

I had hoped that this statement would put a stop to all further comments on and circulation of the sensational falsehood. I am free to confess that I have longed for the time when the lie would die out for in spite of the loyalty manifested by my professional friends during these hours of trial, for which I beg them to accept my most heartfelt thanks, the ordeal had become almost unbearable.

It seems that such a lie dies hard, and from time to time receives a new stimulus from the overzealousness of some physician or layman. Thus, for example, through the courtesy of Dr. George H. Simmons, the Editor of the Journal of the American Medical Association, I received a copy of the Kansas City Journal of last week, containing an editorial under the heading "SHOULD DOCTORS KILL?" from which I quote the following:

"The question whether a physician is justifiable in shortening the life of a patient suffering from some incurable disease by administering anaesthetics was given a fresh impetus recently by the declaration of Dr. S. A. Knopf before the Tuberculosis Congress in Washington advising that consumptives should be given heavy doses of morphine to hasten the end. To the credit of the profession it must be said that physicians generally repudiate the idea as atrocious and a violation of medical ethics. A Chicago physician, Dr. Charles Gilbert Davis, voiced this sentiment, saying, 'A physician who would make a statement of that kind should be taken out and hanged. The profession has not gotten so low that it must commit murder just because it has not yet discovered a cure for some disease. There is nothing incurable under the sun. Just because the cure has not been discovered, that does not mean that it never will.'"

In Dr. Dock's letter above referred to, as well as in the statement authorized by Dr. Frank Billings the absolute falsehood of the respective newspaper report was clearly shown, and it would seem that there was hardly an occasion for Dr. Davis to unburden his feelings for the credit of the lay press.

Equally untrue was the report of the alleged "ad-journment in confusion" and the "lively and bitter debate" which followed Dr. Flick's report, condemning the use of morphine and its compound. In refutation of this reflection made by Mr. Beamish on a

body of scientific men composed of many of the leading American physicians, who have devoted their lives to the study and prevention of tuberculosis, permit me to publish for the first time an extract from a letter which was received recently by Dr. Joseph Walsh, the secretary of the section:

"I was present as secretary of the section at which you spoke, and instead of the section breaking up in confusion, as was stated in the newspapers, the section closed in the perfectly regular way, and your statement as generally understood by the medical men, seemed to be generally agreed with."

I beg the medical press of the United States to copy this communication, in the hope that it will help individual members of the profession to refute once for all the inconceivable proposition that any physician true to his calling could possibly propound such a doctrine as shortening the life of any patient entrusted into his care. To the individual members of the profession in this country and abroad I address a personal appeal to embrace every opportunity to disabuse any individual who may labor under the misapprehension that I or anybody else of the American medical profession recommended shortening the lives of consumptives or any others by the administration of chloroform, morphine or similar narcotics. I make this appeal not merely for my own sake, but above all for the sake of truth and for the sake of consumptive sufferers in this and in other countries.

S. A. KNOPF.

ROCKEFELLER INSTITUTE.

The Rockefeller Institute for Medical Research has adopted the following series of titles for its staff: Member, associate member, associate, assistant, fellow and scholar of the Rockefeller Institute, and has made the following list of appointments:

Simon Flexner, member of the Institute and Director of the Laboratories (Pathology). Members of the Institute: S. J. Meltzer (Physiology and Pharmacology), E. L. Opie (Pathology), P. A. Levene (Biological Chemistry); Assistants of the Institute, Hideyo Noguchi (Pathology), John Auer (Physiology), Alexis Carrel (Experimental Surgery), J. W. Jobling (Pathology), Nellie E. Goldthwaite (Chemistry); Fellows, C. M. A. Stine (Biological Chemistry), Donald Van Slyke (Biological Chemistry), Martha Wollstein (Pathology), Maud L. Menten (Pathology), Mabel P. Fitzgerald (Bacteriology), Don R. Joseph (Physiology), Benjamin T. Terry (Protozoology); Scholar, Bertha I. Barker, (Pathology); Fellow, Thomas W. Clarke (Pathology).

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